

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 263

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cleary, Richard, T., Mr.,

Mailing Address 7180 NW 62nd Ter

City
ParklandState
FLZip Code
33067-1468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Financial Services Educational NetworkOccupation (for Individual)
President CEO Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2019

Transaction ID : 17181332

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hampton, Steve, L., Mr.,

Mailing Address PO Box 679

City
UptonState
WYZip Code
82730-0679FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hampton Insurance & Financial ServicesOccupation (for Individual)
Agent Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2019

Transaction ID : 17181336

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hudack, Matthew, D., Mr.,

Mailing Address 12362 Cinnabar Road

City
Santa AnaState
CAZip Code
92705-3329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Financial Synergistics Group, Inc.Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2019

Transaction ID : 17181338

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

530.00

TOTAL This Period (last page this line number only).....▶